

# Montana Petroleum Tank Release Compensation Board

## Application for Petroleum Release Eligibility

### Form 1R

**Use this form only if a petroleum product has leaked from an underground or aboveground petroleum storage tank (include spills and overfills) and/or associated piping. Submission of this form indicates that the owner/operator of the tank system (responsible party) will be requesting reimbursement for corrective action and/or third party costs.**

An owner/operator (responsible party) of a petroleum storage tank that has had a release may apply for release eligibility to the Petroleum Tank Release Compensation Board as provided by Rule 17.58.325. Information provided on Form 1R is necessary to determine whether a release is eligible for the Petroleum Tank Release Cleanup Fund. It is critical that information provided on this form is correct and complete.

---

**A. CONTACT INFORMATION --** Please record names of the tank owner and operator for the release.

#### Tank Owner/Responsible Party

#### Tank Operator/Point of Contact

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State      Zip

\_\_\_\_\_  
City                      State      Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

---

**B. Facility Information --** Please record facility and release information.

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Facility ID Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
County

\_\_\_\_\_  
City                      State      Zip

\_\_\_\_\_  
DEQ Release Number

**C. INSURANCE COMPANY INFORMATION** -- List any insurance company which covers pollution liability or risk exposure to the premises where tanks and piping are located. **Signing this application authorizes the release of insurance records to the Petroleum Tank Release Compensation Board.**

\_\_\_\_\_  
Insurance Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Policy Number

**D. PETROLEUM STORAGE TANK(S) INFORMATION** -- Complete for all tanks, which correspond to the release at the facility. **An eligibility form must be completed for each release at a facility.**

Description by Tank	#1	#2	#3	#4	#5
List DEQ Release ID#					
Underground (U) or Aboveground (A)					
Estimated Capacity (Gallons)					
Substance Currently or Last Stored -- Gas (G); Diesel (D); Waste Oil (WO); Heating Oil (HO); Aviation (A); Other (Specify)					
Tank Material (fiberglass, bare steel, cathodically protected steel, etc.)					
Date Installed (Mo/Yr)					
Date Last Used (Mo/Yr)					
Is tank currently in use? (Yes/No).					
Was tank removed from the ground? (Yes/No)					
If removed from ground, when? (Mo/Yr)					
Was tank closed in place? (Yes/No)					
If closed in place, when? (Mo/Yr)					

Description by Tank	#1	#2	#3	#4	#5
Is/Was the tank designed and constructed with rigid inner and outer walls, separated by an interstitial space that is/was capable of being monitored for leakage? (Yes/No)					
Is/Was the tank located on a farm, ranch or residence? (Yes/No)					
Is/Was the tank used to store heating oil which is/was consumed on the premises? (Yes/No)					
Is/Was the tank located at a refinery, terminal of a refiner or oil and gas production facility? (Yes/No)					
Is/Was the tank owned by or exclusively used by an agency of the federal government? (Yes/No)					
Is/Was the tank mobile and used to transport petroleum or petroleum products from one place to another? (Yes/No)					
Is the tank now or was it ever owned by or under the control of a railroad? (Yes/No)					
Is this property where tanks are/were located leased from a railroad? (Yes*/No)					
Is/was the release from the tank? (Include spills and overfills) (Yes/No/Unknown)					

\*If yes, copies of present and past property leases or other documentation deemed acceptable by Board Staff that would indicate a history of ownership of tanks must be included for the eligibility form to be considered complete.

**E. PIPING INFORMATION** -- Complete for the piping associated with the tank(s) associated with the release.

Description of Piping	#1	#2	#3	#4	#5
List DEQ Release ID#					
Underground (U) or Aboveground (A)					
Piping material constructed of; (fiberglass, bare steel, cathodically protected steel, etc.)					
Description of Piping	#1	#2	#3	#4	#5
Is piping currently in use? (Yes/No).					
Date piping was last used (Yes/No)					
Is/Was the piping removed from ground? (Yes/No), if yes, when (Mo/Yr)					
Is/was piping closed in place (Yes/No)? If closed in place, when? (Mo/Yr)					
Is/Was the pipe designed and constructed with rigid inner and outer walls, separated by an interstitial space that is capable of being monitored for leakage? (Yes/No)					
Is/was release from the piping? (Yes/No/Unknown)					
When did you have knowledge of the release? (Mo/Yr)					

---

**D. PETROLEUM STORAGE TANK(S) INFORMATION -- Complete a facility site diagram for all components of all the tank systems located at the facility, regardless of which tank system the release occurred.** Please include DEQ release ID numbers, buildings, and other features of the facility.

**G. CERTIFICATION**

Have you, as the owner/operator of the tank that leaked, been convicted of a substantial violation of state or federal law or rule that relates to the installation, operation, or management of petroleum storage tanks?

☐ Yes ☐ No

I, the responsible party of this release, certify the information contained within this form is true and correct. I fully understand that any fraudulent or erroneous information may jeopardize the sites eligibility for reimbursement from the Petroleum Tank Release Cleanup Fund. With my signature, I authorize the Petroleum Tank Release Compensation Board to visit the site to verify the information contained within this form--at a time mutually agreed to by both parties.

\_\_\_\_\_  
Tank Owner/Operator or Responsible Party -signed

\_\_\_\_\_  
Tank Owner/Operator or Responsible Party - printed

\_\_\_\_\_  
Date

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_

\_\_\_\_\_  
Notary Public

(SEAL)

Notary Public for the State of \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Return form to:

Petroleum Tank Release Compensation Board  
P.O. Box 200902  
Helena, MT 59620-0902

Staff use only:

DEQ Release # \_\_\_\_\_

24-Hr. Report

DEQ Report

FPIB Report

F:\UNITSHAR\PET\FORMS\FORM\_1R.